



**TOWN OF WESTFIELD**  
**OPEN PUBLIC RECORDS ACT REQUEST FORM**  
425 East Broad Street \* Westfield, NJ 07090



Telephone: (908) 789-4033 \*\* Fax: (908) 928-9316

**Important Notice**

The reverse side of this form contains important information related to your rights concerning government records. Please read it carefully.

**Requestor Information – Please Print**

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_

E-mail Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ FAX \_\_\_\_\_

Preferred Delivery: Pick Up ☐ US Mail ☐ On-Site Inspect ☐ Fax ☐ Email ☐

If you are requesting records containing personal information, please select one: Under penalty of N.J.S.A. 2C:28-3, I certify that I ☐ HAVE / ☐ HAVE NOT been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Payment Information**

Maximum Authorization Cost \$ \_\_\_\_\_

**Select Payment Method**

Cash ☐ Check ☐ Money Order ☐

**Fees:** Letter size \$0.05 per page  
Legal size \$0.07 per page  
Other materials Actual cost (CD, DVD, etc.) of materials

**Delivery:** Delivery / postage fees additional depending upon delivery type.

**Extras:** Special service charge dependent upon request.

**Record Request Information:** Please be as specific as possible in describing the records being requested. Also, please note that your preferred method of delivery will only be accommodated if the custodian has the technological means and the integrity of the records will not be jeopardized by such method of delivery.

**AGENCY USE ONLY**

Est. Document Cost \_\_\_\_\_

Est. Delivery Cost \_\_\_\_\_

Est. Extras Cost \_\_\_\_\_

Total Est. Cost \_\_\_\_\_

Deposit Amount \_\_\_\_\_

Estimated Balance \_\_\_\_\_

Deposit Date \_\_\_\_\_

**AGENCY USE ONLY**

**Disposition Notes**

Custodian: If any part of request cannot be delivered in seven business days, detail reasons here.

In Progress - Open \_\_\_\_\_  
Denied - Closed \_\_\_\_\_  
Filled - Closed \_\_\_\_\_  
Partial - Closed \_\_\_\_\_

**AGENCY USE ONLY**

**Tracking Information**

**Final Cost**

Tracking # _____	Total _____
Rec'd Date _____	Deposit _____
Ready Date _____	Balance Due _____
Total Pages _____	Balance Paid _____

Records Provided \_\_\_\_\_

Custodian Signature \_\_\_\_\_

Date \_\_\_\_\_